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** CONTINUING DATA ***** *AD NONE*** FOREIGN APPLICATIONS ***** *AP NONE*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	NY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	Examiner's Signature <i>MACH</i> Initials		4	17	4

ADDRESS

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TITLE

Stability enhancement of solutions containing antimicrobial agents

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees (Filing)
<input type="checkbox"/> 1.17 Fees (Processing Ext. of
FILING FEE FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT